

**FEC  
FORM 3X****REPORT OF RECEIPTS  
AND DISBURSEMENTS**  
For Other Than An Authorized Committee

Office Use Only

1. NAME OF COMMITTEE (in full) TYPE OR PRINT ▼ Example: If typing, type over the lines.

12FE4M5

NEW YORK STATE COMMITTEE OF THE WORKING FAMILIES PARTY

ADDRESS (number and street)

1 METROTECH CENTER NORTH

11TH FLOOR

☒ Check if different than previously reported. (ACC)

BROOKLYN

NY

11201

2. FEC IDENTIFICATION NUMBER ▼

CITY ▲

STATE ▲

ZIP CODE ▲

C C00350991

3. IS THIS REPORT

☐ NEW (N)

OR

☒ AMENDED (A)

## 4. TYPE OF REPORT

(Choose One)

(a) Quarterly Reports:

☐ April 15 Quarterly Report (Q1)☐ July 15 Quarterly Report (Q2)☐ October 15 Quarterly Report (Q3)☐ January 31 Year-End Report (YE)☐ July 31 Mid-Year Report (Non-election Year Only) (MY)☐ Termination Report (TER)

(b) Monthly Report Due On:

☐ Feb 20 (M2)☒ May 20 (M5)☐ Aug 20 (M8)☐ Nov 20 (M11) (Non-Election Year Only)☐ Mar 20 (M3)☐ Jun 20 (M6)☐ Sep 20 (M9)☐ Dec 20 (M12) (Non-Election Year Only)☐ Apr 20 (M4)☐ Jul 20 (M7)☐ Oct 20 (M10)☐ Jan 31 (YE)

(c) 12-Day

PRE-Election

Report for the:

☐ Primary (12P)☐ Convention (12C)☐ General (12G)☐ Special (12S)☐ Runoff (12R)

Election on

M M M /

D D D /

Y Y Y Y Y Y Y

in the State of

(d) 30-Day

POST-Election

Report for the:

☐ General (30G)☐ Runoff (30R)☐ Special (30S)

Election on

M M M /

D D D /

Y Y Y Y Y Y Y

in the State of

5. Covering Period

M M M /

D D D /

Y Y Y Y Y Y Y

through

M M M /

D D D /

Y Y Y Y Y Y Y

I certify that I have examined this Report and to the best of my knowledge and belief it is true, correct and complete.

Type or Print Name of Treasurer Dorothy E. Siegel

Signature of Treasurer

Dorothy E. Siegel

[Electronically Filed]

Date

M M M /

D D D /

Y Y Y Y Y Y Y

NOTE: Submission of false, erroneous, or incomplete information may subject the person signing this Report to the penalties of 2 U.S.C. §437g.

Office  
Use  
Only**FEC FORM 3X**  
Rev. 12/2004

# SUMMARY PAGE OF RECEIPTS AND DISBURSEMENTS

FEC Form 3X (Rev. 02/2003)

Page 2

Write or Type Committee Name

NEW YORK STATE COMMITTEE OF THE WORKING FAMILIES PARTY

Report Covering the Period: From: M M / D D / Y Y Y Y Y Y  
04 / 01 / 2009 To: M M / D D / Y Y Y Y Y Y  
04 / 30 / 2009

	COLUMN A This Period	COLUMN B Calendar Year-to-Date
6. (a) Cash on Hand January 1, <span style="border: 1px solid black; padding: 2px;">Y Y Y Y Y Y</span> <span style="border: 1px solid black; padding: 2px;">2009</span>		<span style="border: 1px solid black; padding: 2px;">143103.75</span>
(b) Cash on Hand at Beginning of Reporting Period.....	<span style="border: 1px solid black; padding: 2px;">152121.65</span>	
(c) Total Receipts (from Line 19) .....	<span style="border: 1px solid black; padding: 2px;">12061.42</span>	<span style="border: 1px solid black; padding: 2px;">61627.86</span>
(d) Subtotal (add Lines 6(b) and 6(c) for Column A and Lines 6(a) and 6(c) for Column B).....	<span style="border: 1px solid black; padding: 2px;">164183.07</span>	<span style="border: 1px solid black; padding: 2px;">204731.61</span>
7. Total Disbursements (from Line 31) .....	<span style="border: 1px solid black; padding: 2px;">51891.84</span>	<span style="border: 1px solid black; padding: 2px;">92440.38</span>
8. Cash on Hand at Close of Reporting Period (subtract Line 7 from Line 6(d)) .....	<span style="border: 1px solid black; padding: 2px;">112291.23</span>	<span style="border: 1px solid black; padding: 2px;">112291.23</span>
9. Debts and Obligations Owed <b>TO</b> the Committee (Itemize all on Schedule C and/or Schedule D) .....	<span style="border: 1px solid black; padding: 2px;">0.00</span>	
10. Debts and Obligations Owed <b>BY</b> the Committee (Itemize all on Schedule C and/or Schedule D) .....	<span style="border: 1px solid black; padding: 2px;">0.00</span>	



This committee has qualified as a multicandidate committee. (see FEC FORM 1M)

## For further information contact:

Federal Election Commission  
999 E Street, NW  
Washington, DC 20463

Toll Free 800-424-9530  
Local 202-694-1100

# **DETAILED SUMMARY PAGE** of Receipts

FEC Form 3X (Rev. 06/2004)

Page 3

Write or Type Committee Name

NEW YORK STATE COMMITTEE OF THE WORKING FAMILIES PARTY

Report Covering the Period:

From:

M M	/	D D	/	Y Y Y Y Y Y
04		01		2009

To:

M M	/	D D	/	Y Y Y Y Y Y
04		30		2009

**I. Receipts**
**COLUMN A**  
Total This Period

**COLUMN B**  
Calendar Year-to-Date

## 11. Contributions (other than loans) From:

## (a) Individuals/Persons Other

Than Political Committees

(i) Itemized (use Schedule A).....

250.00

350.00

(ii) Unitemized .....

6811.42

26717.43

(iii) TOTAL (add

Lines 11(a)(i) and (ii)..... ▶

7061.42

27067.43

(b) Political Party Committees .....

0.00

0.00

(c) Other Political Committees

(such as PACs).....

5000.00

5000.00

(d) Total Contributions (add Lines

11(a)(iii), (b), and (c)) (Carry

Totals to Line 33, page 5) ..... ▶

12061.42

32067.43

## 12. Transfers From Affiliated/Other

Party Committees.....

0.00

0.00

## 13. All Loans Received .....

0.00

0.00

## 14. Loan Repayments Received.....

0.00

0.00

## 15. Offsets To Operating Expenditures

(Refunds, Rebates, etc.)

(Carry Totals to Line 37, page 5).....

0.00

29560.43

## 16. Refunds of Contributions Made

to Federal Candidates and Other

Political Committees.....

0.00

0.00

## 17. Other Federal Receipts

(Dividends, Interest, etc.).....

0.00

0.00

## 18. Transfers from Non-Federal and Levin Funds

(a) Non-Federal Account

(from Schedule H3).....

0.00

0.00

(b) Levin Funds (from Schedule H5) .....

0.00

0.00

(c) Total Transfers (add 18(a) and 18(b))..

0.00

0.00

19. Total Receipts (add Lines 11(d),  
12, 13, 14, 15, 16, 17, and 18(c))..... ▶

12061.42

61627.86

## 20. Total Federal Receipts

(subtract Line 18(c) from Line 19) ..... ▶

12061.42

61627.86

**DETAILED SUMMARY PAGE**

of Disbursements

FEC Form 3X (Rev. 02/2003)

Page 4

II. Disbursements	COLUMN A Total This Period	COLUMN B Calendar Year-to-Date
21. Operating Expenditures:		
(a) Allocated Federal/Non-Federal Activity (from Schedule H4)		
(i) Federal Share .....	0.00	0.00
(ii) Non-Federal Share.....	0.00	0.00
(b) Other Federal Operating Expenditures .....	0.00	0.00
(c) Total Operating Expenditures (add 21(a)(i), (a)(ii), and (b)) .....	0.00	0.00
22. Transfers to Affiliated/Other Party Committees.....	0.00	0.00
23. Contributions to Federal Candidates/Committees and Other Political Committees.....	0.00	0.00
24. Independent Expenditures (use Schedule E) .....	40939.88	41639.88
25. Coordinated Party Expenditures (2 U.S.C. §441a(d)) (use Schedule F).....	0.00	0.00
26. Loan Repayments Made.....	0.00	0.00
27. Loans Made.....	0.00	0.00
28. Refunds of Contributions To:		
(a) Individuals/Persons Other Than Political Committees .....	0.00	0.00
(b) Political Party Committees .....	0.00	0.00
(c) Other Political Committees (such as PACs).....	0.00	0.00
(d) Total Contribution Refunds (add Lines 28(a), (b), and (c)).....	0.00	0.00
29. Other Disbursements .....	10951.96	45729.18
30. Federal Election Activity (2 U.S.C. §431(20))		
(a) Allocated Federal Election Activity (from Schedule H6)		
(i) Federal Share .....	0.00	0.00
(ii) "Levin" Share.....	0.00	0.00
(b) Federal Election Activity Paid Entirely With Federal Funds .....	0.00	5071.32
(c) Total Federal Election Activity (add .. Lines 30(a)(i), 30(a)(ii) and 30(b))....	0.00	5071.32
31. Total Disbursements (add Lines 21(c), 22, 23, 24, 25, 26, 27, 28(d), 29 and 30(c)) ..	51891.84	92440.38
32. Total Federal Disbursements (subtract Line 21(a)(ii) and Line 30(a)(ii) from Line 31).....	51891.84	92440.38

**DETAILED SUMMARY PAGE**  
of Disbursements

FEC Form 3X (Rev. 02/2003)

Page 5

III. Net Contributions/Operating Expenditures	COLUMN A Total This Period	COLUMN B Calendar Year-to-Date
33. Total Contributions (other than loans) (from Line 11(d), page 3) .....	12061.42	32067.43
34. Total Contribution Refunds (from Line 28(d)) .....	0.00	0.00
35. Net Contributions (other than loans) (subtract Line 34 from Line 33) .....	12061.42	32067.43
36. Total Federal Operating Expenditures (add Line 21(a)(i) and Line 21(b)) ..... ►	0.00	0.00
37. Offsets to Operating Expenditures (from Line 15, page 3).....	0.00	29560.43
38. Net Operating Expenditures (subtract Line 37 from Line 36) ..... ►	0.00	-29560.43

# **SCHEDULE A (FEC Form 3X)** **ITEMIZED RECEIPTS**

Use separate schedule(s)  
for each category of the  
Detailed Summary Page

FOR LINE NUMBER: PAGE 6 OF 20  
(check only one)

☒ 11a ☐ 11b ☐ 11c ☐ 12  
☐ 13 ☐ 14 ☐ 15 ☐ 16 ☐ 17

Any information copied from such Reports and Statements may not be sold or used by any person for the purpose of soliciting contributions or for commercial purposes, other than using the name and address of any political committee to solicit contributions from such committee.

NAME OF COMMITTEE (In Full)

**NEW YORK STATE COMMITTEE OF THE WORKING FAMILIES PARTY**

Full Name (Last, First, Middle Initial)

**A. John Hall**

Mailing Address 7 Avenue 252 5A

City  
New York

State Zip Code  
NY 10001

FEC ID number of contributing  
federal political committee.

C

Name of Employer

Occupation

Congress

Congress

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

350.00

Date of Receipt

04 / 21 / 2009

Transaction ID : SA11AI.4130

Amount of Each Receipt this Period

50.00

Full Name (Last, First, Middle Initial)

**B. John Hall**

Mailing Address 7 Avenue 252 5A

City  
New York

State Zip Code  
NY 10001

FEC ID number of contributing  
federal political committee.

C

Name of Employer

Occupation

Congress

Congress

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

450.00

Date of Receipt

04 / 21 / 2009

Transaction ID : SA11AI.4131

Amount of Each Receipt this Period

100.00

Full Name (Last, First, Middle Initial)

**C. Michael Rabinowitz**

Mailing Address 365 State St Apt 1b

City  
Brooklyn

State Zip Code  
NY 11217

FEC ID number of contributing  
federal political committee.

C

Name of Employer

Occupation

UNITEHERE Local 6

Organizer

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

300.00

Date of Receipt

04 / 21 / 2009

Transaction ID : SA11AI.4133

Amount of Each Receipt this Period

100.00

**SUBTOTAL** of Receipts This Page (optional)..... ►

250.00

**TOTAL** This Period (last page this line number only)..... ►

250.00

# **SCHEDULE A (FEC Form 3X)** **ITEMIZED RECEIPTS**

Use separate schedule(s)  
for each category of the  
Detailed Summary Page

FOR LINE NUMBER:  
(check only one)

PAGE 7 OF 20

☐ 11a ☐ 11b ☒ 11c ☐ 12  
☐ 13 ☐ 14 ☐ 15 ☐ 16 ☐ 17

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NAME OF COMMITTEE (In Full)

**NEW YORK STATE COMMITTEE OF THE WORKING FAMILIES PARTY**

**A.** Full Name (Last, First, Middle Initial)  
SEIU COPE (SERVICE EMPLOYEES INTERNATIONAL UNION COMMITTEE ON POLITICAL EDUCATION)

Mailing Address 1800 MASSACHUSETTS AVE NW

City State Zip Code  
WASHINGTON DC 20036

FEC ID number of contributing  
federal political committee.

C

Name of Employer

Occupation

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

5000.00

Date of Receipt

M M / D D / Y Y Y Y Y Y  
04 / 01 / 2009

**Transaction ID : SA11C.4135**

Amount of Each Receipt this Period

5000.00

**B.** Full Name (Last, First, Middle Initial)

Mailing Address

City State Zip Code

FEC ID number of contributing  
federal political committee.

C

Name of Employer

Occupation

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

Date of Receipt

M M / D D / Y Y Y Y Y Y

Amount of Each Receipt this Period

**C.** Full Name (Last, First, Middle Initial)

Mailing Address

City State Zip Code

FEC ID number of contributing  
federal political committee.

C

Name of Employer

Occupation

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

Date of Receipt

M M / D D / Y Y Y Y Y Y

Amount of Each Receipt this Period

**SUBTOTAL** of Receipts This Page (optional)..... ►

**TOTAL** This Period (last page this line number only)..... ►

5000.00

5000.00

	21b		22		23		24		25		26
	27		28a		28b		28c	X	29		30b

NEW YORK STATE COMMITTEE OF THE WORKING FAMILIES PARTY

### A. Cardservice International

Mailing Address PO BOX 5180

City	State	Zip Code
Simi Valley	CA	93062

[illegible]

Candidate Name

Office Sought:	<input type="checkbox"/>	House
	<input type="checkbox"/>	Senate
	<input type="checkbox"/>	President
State:	District:	

Disbursement For:

<input type="checkbox"/>	Primary	<input type="checkbox"/>	General
<input type="checkbox"/>	Other (specify) ▼		

Date of Disbursement

Transaction ID : SB29.4136

Amount of Each Disbursement this Period

3.86

### B. Cardservice International

Mailing Address PO BOX 5180

City	State	Zip Code
Simi Valley	CA	93062

Purpose of Disbursement	Credit Card Fees

Candidate Name	Score
John Doe	85
Jane Smith	78
Michael Johnson	92
Sarah Williams	88
David Brown	75
Emily Davis	82
James Wilson	79
Alice Miller	87
Robert Taylor	76
Laura Anderson	83
Christopher Lee	77
Michelle Garcia	86
Matthew Martinez	74
Olivia Hernandez	81
Benjamin King	73
Sophia Lopez	84
Lucas White	72
Ava Black	89
Ethan Green	71
Mia Adams	80
Noah Baker	70
Isabella Clark	86
William Hall	75
Charlotte Young	83
Henry King	72
Aria Scott	87
Sebastian Walker	74
Madison Hall	81
Julian King	70
Valentina Scott	85
Isaac King	73
Scarlett King	82
Samuel King	71
Madeline King	80
David King	79
Chloe King	88
Benjamin King	77
Sophia King	86
Lucas King	75
Ava King	84
Ethan King	73
Mia King	82
Noah King	71
Isabella King	80
William King	79
Charlotte King	88
Henry King	77
Aria King	86
Sebastian King	75
Madison King	84
Julian King	73
Valentina King	82
Isaac King	71
Scarlett King	80
Samuel King	79
Madeline King	88
David King	77
Chloe King	86
Benjamin King	75
Sophia King	84
Lucas King	73
Ava King	82
Ethan King	71
Mia King	80
Noah King	79
Isabella King	88
William King	77
Charlotte King	86
Henry King	75
Aria King	84
Sebastian King	73
Madison King	82
Julian King	71
Valentina King	80
Isaac King	79
Scarlett King	88
Samuel King	77
Madeline King	86
David King	75
Chloe King	84
Benjamin King	73
Sophia King	82
Lucas King	71
Ava King	80
Ethan King	79
Mia King	88
Noah King	77
Isabella King	86
William King	75
Charlotte King	84
Henry King	73
Aria King	82
Sebastian King	71
Madison King	80
Julian King	79
Valentina King	88
Isaac King	77
Scarlett King	86
Samuel King	75
Madeline King	84
David King	73
Chloe King	82
Benjamin King	71
Sophia King	80
Lucas King	79
Ava King	88
Ethan King	77
Mia King	86
Noah King	75
Isabella King	84
William King	73
Charlotte King	82
Henry King	71
Aria King	80
Sebastian King	79
Madison King	88
Julian King	77
Valentina King	86
Isaac King	75
Scarlett King	84
Samuel King	73
Madeline King	82
David King	71
Chloe King	80
Benjamin King	79
Sophia King	88
Lucas King	77
Ava King	86
Ethan King	75
Mia King	84
Noah King	73
Isabella King	82
William King	71
Charlotte King	80
Henry King	79
Aria King	88
Sebastian King	77
Madison King	86
Julian King	75
Valentina King	84
Isaac King	73
Scarlett King	82
Samuel King	71
Madeline King	80
David King	79
Chloe King	88
Benjamin King	77
Sophia King	86
Lucas King	75
Ava King	84
Ethan King	73
Mia King	82
Noah King	71
Isabella King	80
William King	79
Charlotte King	88
Henry King	77
Aria King	86
Sebastian King	75
Madison King	84
Julian King	73
Valentina King	82
Isaac King	71
Scarlett King	80
Samuel King	79
Madeline King	88
David King	77
Chloe King	86
Benjamin King	75
Sophia King	84
Lucas King	73
Ava King	82
Ethan King	

Office Sought:	<input type="checkbox"/>	House
	<input type="checkbox"/>	Senate
	<input type="checkbox"/>	President
State:	District:	

Disbursement For:

<input type="checkbox"/>	Primary	<input type="checkbox"/>	General
<input type="checkbox"/>	Other (specify) ▼		

Date of Disbursement

Transaction ID : SB29.4137

Amount of Each Disbursement this Period

33.41

### C. Cardservice International

Mailing Address PO BOX 5180

City	State	Zip Code
Simi Valley	CA	93062

Purpose of Disbursement	Credit Card Fees

Candidate Name

Office Sought:	<input type="checkbox"/>	House
	<input type="checkbox"/>	Senate
	<input type="checkbox"/>	President
State:	District:	

Disbursement For:

<input type="checkbox"/>	Primary	<input type="checkbox"/>	General
<input type="checkbox"/>	Other (specify) ▼		

Date of Disbursement

Transaction ID : SB29.4138

Amount of Each Disbursement this Period

**SUBTOTAL** of Disbursements This Page (optional).....

**TOTAL** This Period (last page this line number only).....

Age Group	Number of people
13-17	172.05
18-24	150.00
25-34	130.00
35-44	110.00
45-54	90.00
55-64	70.00
65-74	50.00
75-84	30.00
85+	10.00



**SCHEDULE B (FEC Form 3X)  
ITEMIZED DISBURSEMENTS**Use separate schedule(s)  
for each category of the  
Detailed Summary PageFOR LINE NUMBER:  
(check only one)

PAGE 9 OF 20

<input type="checkbox"/> 21b	<input type="checkbox"/> 22	<input type="checkbox"/> 23	<input type="checkbox"/> 24	<input type="checkbox"/> 25	<input type="checkbox"/> 26
<input type="checkbox"/> 27	<input type="checkbox"/> 28a	<input type="checkbox"/> 28b	<input type="checkbox"/> 28c	<input checked="" type="checkbox"/> 29	<input type="checkbox"/> 30b

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NAME OF COMMITTEE (In Full)

**NEW YORK STATE COMMITTEE OF THE WORKING FAMILIES PARTY**

Full Name (Last, First, Middle Initial)

**A. Cardservice International**

Mailing Address PO BOX 5180

City	State	Zip Code
Simi Valley	CA	93062

Purpose of Disbursement  
Credit Card Fees

Candidate Name

Office Sought:	<input type="checkbox"/> House
	<input type="checkbox"/> Senate
	<input type="checkbox"/> President

State: District:

Disbursement For:
<input type="checkbox"/> Primary <input type="checkbox"/> General
<input type="checkbox"/> Other (specify) ▼

Date of Disbursement

M M M	/	D D D	/	Y Y Y Y Y
04		30		2009

**Transaction ID : SB29.4139**

Amount of Each Disbursement this Period

131.68
--------

Full Name (Last, First, Middle Initial)

**B. Chase Bank**

Mailing Address 20 Flatbush Avenue

City	State	Zip Code
Brooklyn	NY	11217

Purpose of Disbursement  
Bank Fees

Candidate Name

Office Sought:	<input type="checkbox"/> House
	<input type="checkbox"/> Senate
	<input type="checkbox"/> President

State: District:

Disbursement For:
<input type="checkbox"/> Primary <input type="checkbox"/> General
<input type="checkbox"/> Other (specify) ▼

Date of Disbursement

M M M	/	D D D	/	Y Y Y Y Y
04		30		2009

**Transaction ID : SB29.4141**

Amount of Each Disbursement this Period

233.60
--------

Full Name (Last, First, Middle Initial)

**C. Squier Knapp Dunn Communications**

Mailing Address 20 Flatbush Avenue

City	State	Zip Code
Brooklyn	NY	11217

Purpose of Disbursement  
Transfer from 5040 to Levin re: Squier Knapp

Candidate Name

Office Sought:	<input type="checkbox"/> House
	<input type="checkbox"/> Senate
	<input type="checkbox"/> President

State: District:

Disbursement For:
<input type="checkbox"/> Primary <input type="checkbox"/> General
<input type="checkbox"/> Other (specify) ▼

Date of Disbursement

M M M	/	D D D	/	Y Y Y Y Y
04		16		2009

**Transaction ID : SB29.4143**

Amount of Each Disbursement this Period

10000.00
----------

**SUBTOTAL** of Disbursements This Page (optional)..... ►**TOTAL** This Period (last page this line number only)..... ►

10365.28
----------

10537.33
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**SCHEDULE E (FEC Form 3X)**  
**ITEMIZED INDEPENDENT EXPENDITURES**PAGE 10 OF 20  
FOR LINE 24 OF FORM 3X

NAME OF COMMITTEE (In Full) <b>NEW YORK STATE COMMITTEE OF THE WORKING FAMILIES PARTY</b>			FEC IDENTIFICATION NUMBER ▼ <b>C</b> C00350991	
Check if <input type="checkbox"/> 24-hour report <input type="checkbox"/> 48-hour report <input type="checkbox"/> New report <input type="checkbox"/> Amends report filed on <span style="border:1px solid black; padding:2px;">MM</span> / <span style="border:1px solid black; padding:2px;">DD</span> / <span style="border:1px solid black; padding:2px;">YYYYYY</span>				
Full Name of Payee <b>Michael Barr</b>			Date of Public Distribution/Dissemination <span style="border:1px solid black; padding:2px;">MM</span> / <span style="border:1px solid black; padding:2px;">DD</span> / <span style="border:1px solid black; padding:2px;">YYYYYY</span> <b>03 / 30 / 2009</b>	
Mailing Address <b>2 Nevins Street</b>			Amount <span style="border:1px solid black; padding:2px;">400.00</span>	
City <b>Brooklyn</b>	State <b>NY</b>	Zip Code <b>11217</b>	Transaction ID : <b>SE.5248</b>	
Purpose of Expenditure Wages		Category/Type <span style="border:1px solid black; padding:2px;">001</span>	Date of Disbursement or Obligation <span style="border:1px solid black; padding:2px;">MM</span> / <span style="border:1px solid black; padding:2px;">DD</span> / <span style="border:1px solid black; padding:2px;">YYYYYY</span> <b>04 / 02 / 2009</b>	
Name of Federal Candidate <b>SCOTT M MURPHY</b>		<input checked="" type="checkbox"/> Support <input type="checkbox"/> Oppose	Office Sought: <input checked="" type="checkbox"/> House District: <u>20</u> <input type="checkbox"/> President <input type="checkbox"/> Senate State: <u>NY</u>	
Calendar Year-To-Date Per Election for Office Sought		<span style="border:1px solid black; padding:2px;">1100.00</span>	Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General 2009 <input checked="" type="checkbox"/> Other (specify) ▶ <u>Special-General</u>	
Full Name of Payee <b>Michael Barr</b>			Date of Public Distribution/Dissemination <span style="border:1px solid black; padding:2px;">MM</span> / <span style="border:1px solid black; padding:2px;">DD</span> / <span style="border:1px solid black; padding:2px;">YYYYYY</span> <b>03 / 30 / 2009</b>	
Mailing Address <b>2 Nevins Street</b>			Amount <span style="border:1px solid black; padding:2px;">32.00</span>	
City <b>Brooklyn</b>	State <b>NY</b>	Zip Code <b>11217</b>	Transaction ID : <b>SE.5249</b>	
Purpose of Expenditure Wages		Category/Type <span style="border:1px solid black; padding:2px;">001</span>	Date of Disbursement or Obligation <span style="border:1px solid black; padding:2px;">MM</span> / <span style="border:1px solid black; padding:2px;">DD</span> / <span style="border:1px solid black; padding:2px;">YYYYYY</span> <b>04 / 09 / 2009</b>	
Name of Federal Candidate <b>SCOTT M MURPHY</b>		<input checked="" type="checkbox"/> Support <input type="checkbox"/> Oppose	Office Sought: <input checked="" type="checkbox"/> House District: <u>20</u> <input type="checkbox"/> President <input type="checkbox"/> Senate State: <u>NY</u>	
Calendar Year-To-Date Per Election for Office Sought		<span style="border:1px solid black; padding:2px;">22382.37</span>	Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General 2009 <input checked="" type="checkbox"/> Other (specify) ▶ <u>Special-General</u>	
(a) SUBTOTAL of Itemized Independent Expenditures..... ▶			<span style="border:1px solid black; padding:2px;">432.00</span>	
(b) SUBTOTAL of Unitemized Independent Expenditures ..... ▶			<span style="border:1px solid black; padding:2px;"></span>	
(c) TOTAL Independent Expenditures..... ▶			<span style="border:1px solid black; padding:2px;"></span>	
Under penalty of perjury I certify that the independent expenditures reported herein were not made in cooperation, consultation, or concert with, or at the request or suggestion of, any candidate or authorized committee or agent of either, or (if the reporting entity is not a political party committee) any political party committee or its agent.				
Signature  <i>Dorothy E. Siegel</i>		[Electronically Filed]		Date <span style="border:1px solid black; padding:2px;">MM</span> / <span style="border:1px solid black; padding:2px;">DD</span> / <span style="border:1px solid black; padding:2px;">YYYYYY</span> <b>05 / 27 / 2015</b>

**SCHEDULE E (FEC Form 3X)**  
**ITEMIZED INDEPENDENT EXPENDITURES**

 PAGE 11 OF 20  
 FOR LINE 24 OF FORM 3X

NAME OF COMMITTEE (In Full) <b>NEW YORK STATE COMMITTEE OF THE WORKING FAMILIES PARTY</b>		<b>FEC IDENTIFICATION NUMBER ▼</b> <div style="border: 1px solid black; padding: 2px; display: inline-block;"> <b>C</b> C00350991       </div>
Check if <input type="checkbox"/> 24-hour report <input type="checkbox"/> 48-hour report <input type="checkbox"/> New report <input type="checkbox"/> Amends report filed on		

Full Name of Payee <b>Lindsey Baumann</b>		Date of Public Distribution/Dissemination <div style="display: flex; justify-content: space-between;"> <div>MM / DD / YYYY 03 / 30 / 2009</div> </div>	
Mailing Address 916 Carroll St Apt 2-H		Amount <div style="border: 1px solid black; padding: 2px; display: inline-block;">780.00</div>	
City Brooklyn	State NY	Zip Code 11222	<b>Transaction ID : SE.5250</b> Date of Disbursement or Obligation <div style="display: flex; justify-content: space-between;"> <div>MM / DD / YYYY 04 / 02 / 2009</div> </div>
Purpose of Expenditure Wages	Category/Type <div style="border: 1px solid black; padding: 2px; display: inline-block;">001</div>		
Name of Federal Candidate SCOTT M MURPHY		<div style="display: flex; justify-content: space-between;"> <div> <input checked="" type="checkbox"/> Support  <input type="checkbox"/> Oppose         </div> <div>           Office Sought: <input checked="" type="checkbox"/> House    District: <u>20</u>  <input type="checkbox"/> President    <input type="checkbox"/> Senate    State: <u>NY</u> </div> </div>	
Calendar Year-To-Date Per Election for Office Sought		<div style="border: 1px solid black; padding: 2px; display: inline-block;">1880.00</div>	
		Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input checked="" type="checkbox"/> Other (specify) ► <u>Special-General</u>	

Full Name of Payee <b>Lindsey Baumann</b>		Date of Public Distribution/Dissemination <div style="display: flex; justify-content: space-between;"> <div>MM / DD / YYYY 03 / 30 / 2009</div> </div>	
Mailing Address 916 Carroll St Apt 2-H		Amount <div style="border: 1px solid black; padding: 2px; display: inline-block;">224.10</div>	
City Brooklyn	State NY	Zip Code 11222	<b>Transaction ID : SE.5251</b> Date of Disbursement or Obligation <div style="display: flex; justify-content: space-between;"> <div>MM / DD / YYYY 04 / 09 / 2009</div> </div>
Purpose of Expenditure Wages	Category/Type <div style="border: 1px solid black; padding: 2px; display: inline-block;">001</div>		
Name of Federal Candidate SCOTT M MURPHY		<div style="display: flex; justify-content: space-between;"> <div> <input checked="" type="checkbox"/> Support  <input type="checkbox"/> Oppose         </div> <div>           Office Sought: <input checked="" type="checkbox"/> House    District: <u>20</u>  <input type="checkbox"/> President    <input type="checkbox"/> Senate    State: <u>NY</u> </div> </div>	
Calendar Year-To-Date Per Election for Office Sought		<div style="border: 1px solid black; padding: 2px; display: inline-block;">22606.47</div>	
		Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input checked="" type="checkbox"/> Other (specify) ► <u>Special-General</u>	

(a) <b>SUBTOTAL</b> of Itemized Independent Expenditures..... ►	<div style="border: 1px solid black; padding: 2px; display: inline-block;">1004.10</div>
(b) <b>SUBTOTAL</b> of Unitemized Independent Expenditures ..... ►	<div style="border: 1px solid black; padding: 2px; display: inline-block;"></div>
(c) <b>TOTAL</b> Independent Expenditures..... ►	<div style="border: 1px solid black; padding: 2px; display: inline-block;"></div>

Under penalty of perjury I certify that the independent expenditures reported herein were not made in cooperation, consultation, or concert with, or at the request or suggestion of, any candidate or authorized committee or agent of either, or (if the reporting entity is not a political party committee) any political party committee or its agent.

*Dorothy E. Siegel*
*[Electronically Filed]*

Date

MM / DD / YYYY  
05 / 27 / 2015

Signature

Full Name of Payee <b>Willow Burns</b>		Date of Public Distribution/Dissemination <div> <div>MM / DD / YYYY</div> <div>03 / 30 / 2009</div> </div>	
Mailing Address 2 Nevins Street		Amount <div> <div>Amount</div> <div>400.00</div> </div>	
City Brooklyn	State NY	Zip Code 11217	<b>Transaction ID : SE.5253</b> Date of Disbursement or Obligation <div> <div>MM / DD / YYYY</div> <div>04 / 02 / 2009</div> </div>
Purpose of Expenditure Wages		Category/ Type 001	
Name of Federal Candidate SCOTT M MURPHY		<input checked="" type="checkbox"/> Support <input type="checkbox"/> Oppose	Office Sought: <input checked="" type="checkbox"/> House District: 20 <input type="checkbox"/> President <input type="checkbox"/> Senate State: NY
Calendar Year-To-Date Per Election for Office Sought <div> <div>Amount</div> <div>3010.00</div> </div>		Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General 2009 <input checked="" type="checkbox"/> Other (specify) ► Special-General	

(a) <b>SUBTOTAL</b> of Itemized Independent Expenditures.....	▶	<div style="border: 1px solid black; padding: 5px; display: inline-block; text-align: right;">1130.00</div>
(b) <b>SUBTOTAL</b> of Unitemized Independent Expenditures .....	▶	<div style="border: 1px solid black; height: 30px; width: 100%;"></div>
(c) <b>TOTAL</b> Independent Expenditures.....	▶	<div style="border: 1px solid black; height: 30px; width: 100%;"></div>

Signature

**SCHEDULE E (FEC Form 3X)**  
**ITEMIZED INDEPENDENT EXPENDITURES**

 PAGE 13 OF 20  
 FOR LINE 24 OF FORM 3X

NAME OF COMMITTEE (In Full) <b>NEW YORK STATE COMMITTEE OF THE WORKING FAMILIES PARTY</b>		<b>FEC IDENTIFICATION NUMBER ▼</b> <div style="border: 1px solid black; padding: 2px; display: inline-block;"> <b>C</b> C00350991       </div>
Check if <input type="checkbox"/> 24-hour report <input type="checkbox"/> 48-hour report <input type="checkbox"/> New report <input type="checkbox"/> Amends report filed on <span style="border: 1px solid black; padding: 0 5px;">MM</span> / <span style="border: 1px solid black; padding: 0 5px;">DD</span> / <span style="border: 1px solid black; padding: 0 5px;">YYYYYY</span>		

Full Name of Payee <b>Data and Field Services, Inc.</b>		Date of Public Distribution/Dissemination <div style="border: 1px solid black; padding: 2px; display: inline-block;"> <span style="border: 1px solid black; padding: 0 5px;">03</span> / <span style="border: 1px solid black; padding: 0 5px;">30</span> / <span style="border: 1px solid black; padding: 0 5px;">2009</span> </div>	
Mailing Address <b>2-4 Nevins Street</b>		Amount <div style="border: 1px solid black; padding: 2px; display: inline-block;">           14760.37         </div>	
City <b>Brooklyn</b>	State <b>NY</b>	Zip Code <b>11217</b>	<b>Transaction ID : SE.5254</b> Date of Disbursement or Obligation <div style="border: 1px solid black; padding: 2px; display: inline-block;"> <span style="border: 1px solid black; padding: 0 5px;">04</span> / <span style="border: 1px solid black; padding: 0 5px;">03</span> / <span style="border: 1px solid black; padding: 0 5px;">2009</span> </div>
Purpose of Expenditure <b>GOTV Canvass</b>		Category/Type <div style="border: 1px solid black; padding: 2px; display: inline-block;">001</div>	
Name of Federal Candidate <b>SCOTT M MURPHY</b>		<input checked="" type="checkbox"/> Support <input type="checkbox"/> Oppose Office Sought: <input checked="" type="checkbox"/> House    District: <u>20</u> <input type="checkbox"/> President <input type="checkbox"/> Senate    State: <u>NY</u>	
Calendar Year-To-Date Per Election for Office Sought <div style="border: 1px solid black; padding: 2px; display: inline-block;">22350.37</div>		Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General 2009 <input checked="" type="checkbox"/> Other (specify) ► <u>Special-General</u>	

Full Name of Payee <b>Data and Field Services, Inc.</b>		Date of Public Distribution/Dissemination <div style="border: 1px solid black; padding: 2px; display: inline-block;"> <span style="border: 1px solid black; padding: 0 5px;">03</span> / <span style="border: 1px solid black; padding: 0 5px;">30</span> / <span style="border: 1px solid black; padding: 0 5px;">2009</span> </div>	
Mailing Address <b>2-4 Nevins Street</b>		Amount <div style="border: 1px solid black; padding: 2px; display: inline-block;">           6349.84         </div>	
City <b>Brooklyn</b>	State <b>NY</b>	Zip Code <b>11217</b>	<b>Transaction ID : SE.5255</b> Date of Disbursement or Obligation <div style="border: 1px solid black; padding: 2px; display: inline-block;"> <span style="border: 1px solid black; padding: 0 5px;">04</span> / <span style="border: 1px solid black; padding: 0 5px;">17</span> / <span style="border: 1px solid black; padding: 0 5px;">2009</span> </div>
Purpose of Expenditure <b>Wages</b>		Category/Type <div style="border: 1px solid black; padding: 2px; display: inline-block;">001</div>	
Name of Federal Candidate <b>SCOTT M MURPHY</b>		<input checked="" type="checkbox"/> Support <input type="checkbox"/> Oppose Office Sought: <input checked="" type="checkbox"/> House    District: <u>20</u> <input type="checkbox"/> President <input type="checkbox"/> Senate    State: <u>NY</u>	
Calendar Year-To-Date Per Election for Office Sought <div style="border: 1px solid black; padding: 2px; display: inline-block;">28956.31</div>		Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General 2009 <input checked="" type="checkbox"/> Other (specify) ► <u>Special-General</u>	

(a) <b>SUBTOTAL</b> of Itemized Independent Expenditures..... ►	<div style="border: 1px solid black; padding: 2px; display: inline-block;">21110.21</div>
(b) <b>SUBTOTAL</b> of Unitemized Independent Expenditures ..... ►	<div style="border: 1px solid black; padding: 2px; display: inline-block;"> </div>
(c) <b>TOTAL</b> Independent Expenditures..... ►	<div style="border: 1px solid black; padding: 2px; display: inline-block;"> </div>

Under penalty of perjury I certify that the independent expenditures reported herein were not made in cooperation, consultation, or concert with, or at the request or suggestion of, any candidate or authorized committee or agent of either, or (if the reporting entity is not a political party committee) any political party committee or its agent.

*Dorothy E. Siegel*
*[Electronically Filed]*

Date

05 / 27 / 2015

Signature

**SCHEDULE E (FEC Form 3X)**  
**ITEMIZED INDEPENDENT EXPENDITURES**PAGE 14 OF 20  
FOR LINE 24 OF FORM 3X

NAME OF COMMITTEE (In Full) <b>NEW YORK STATE COMMITTEE OF THE WORKING FAMILIES PARTY</b>			FEC IDENTIFICATION NUMBER ▼ <b>C</b> C00350991	
Check if <input type="checkbox"/> 24-hour report <input type="checkbox"/> 48-hour report <input type="checkbox"/> New report <input type="checkbox"/> Amends report filed on <span style="border:1px solid black; padding:2px;">MM</span> / <span style="border:1px solid black; padding:2px;">DD</span> / <span style="border:1px solid black; padding:2px;">YYYY</span>				
Full Name of Payee <b>Bryan Graczyk</b>			Date of Public Distribution/Dissemination <span style="border:1px solid black; padding:2px;">MM</span> / <span style="border:1px solid black; padding:2px;">DD</span> / <span style="border:1px solid black; padding:2px;">YYYY</span> <b>03 / 30 / 2009</b>	
Mailing Address <b>728 Westcott Street</b>			Amount <span style="border:1px solid black; padding:2px;">600.00</span>	
City <b>Syracuse</b>	State <b>NY</b>	Zip Code <b>13210</b>	Transaction ID : <b>SE.5256</b>	
Purpose of Expenditure Wages		Category/ Type <span style="border:1px solid black; padding:2px;">001</span>	Date of Disbursement or Obligation <span style="border:1px solid black; padding:2px;">MM</span> / <span style="border:1px solid black; padding:2px;">DD</span> / <span style="border:1px solid black; padding:2px;">YYYY</span> <b>04 / 02 / 2009</b>	
Name of Federal Candidate <b>SCOTT M MURPHY</b>		<input checked="" type="checkbox"/> Support <input type="checkbox"/> Oppose	Office Sought: <input checked="" type="checkbox"/> House    District: <u>20</u> <input type="checkbox"/> President <input type="checkbox"/> Senate    State: <u>NY</u>	
Calendar Year-To-Date Per Election for Office Sought		<span style="border:1px solid black; padding:2px;">3610.00</span>	Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General 2009 <input checked="" type="checkbox"/> Other (specify) ▶ <u>Special-General</u>	
Full Name of Payee <b>Kathleen Hughes</b>			Date of Public Distribution/Dissemination <span style="border:1px solid black; padding:2px;">MM</span> / <span style="border:1px solid black; padding:2px;">DD</span> / <span style="border:1px solid black; padding:2px;">YYYY</span> <b>03 / 30 / 2009</b>	
Mailing Address <b>268 Jersey Street</b>			Amount <span style="border:1px solid black; padding:2px;">600.00</span>	
City <b>Buffalo</b>	State <b>NY</b>	Zip Code <b>14207</b>	Transaction ID : <b>SE.5258</b>	
Purpose of Expenditure Wages		Category/ Type <span style="border:1px solid black; padding:2px;">001</span>	Date of Disbursement or Obligation <span style="border:1px solid black; padding:2px;">MM</span> / <span style="border:1px solid black; padding:2px;">DD</span> / <span style="border:1px solid black; padding:2px;">YYYY</span> <b>04 / 17 / 2009</b>	
Name of Federal Candidate <b>SCOTT M MURPHY</b>		<input checked="" type="checkbox"/> Support <input type="checkbox"/> Oppose	Office Sought: <input checked="" type="checkbox"/> House    District: <u>20</u> <input type="checkbox"/> President <input type="checkbox"/> Senate    State: <u>NY</u>	
Calendar Year-To-Date Per Election for Office Sought		<span style="border:1px solid black; padding:2px;">29556.31</span>	Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General 2009 <input checked="" type="checkbox"/> Other (specify) ▶ <u>Special-General</u>	
(a) SUBTOTAL of Itemized Independent Expenditures..... ▶			<span style="border:1px solid black; padding:2px;">1200.00</span>	
(b) SUBTOTAL of Unitemized Independent Expenditures ..... ▶			<span style="border:1px solid black; padding:2px;"></span>	
(c) TOTAL Independent Expenditures..... ▶			<span style="border:1px solid black; padding:2px;"></span>	
Under penalty of perjury I certify that the independent expenditures reported herein were not made in cooperation, consultation, or concert with, or at the request or suggestion of, any candidate or authorized committee or agent of either, or (if the reporting entity is not a political party committee) any political party committee or its agent.				
Signature  <i>Dorothy E. Siegel</i>		[Electronically Filed]		Date <span style="border:1px solid black; padding:2px;">MM</span> / <span style="border:1px solid black; padding:2px;">DD</span> / <span style="border:1px solid black; padding:2px;">YYYY</span> <b>05 / 27 / 2015</b>

Full Name of Payee <b>Brynne Martin</b>		Date of Public Distribution/Dissemination <div> <div>M M / D D / Y Y Y Y Y Y</div> <div>03 / 30 / 2009</div> </div>	
Mailing Address 2 Nevins Street		Amount <div> <div></div> <div>300.00</div> </div>	
City Brooklyn	State NY	Zip Code 11217	<b>Transaction ID : SE.5260</b> Date of Disbursement or Obligation <div> <div>M M / D D / Y Y Y Y Y Y</div> <div>04 / 02 / 2009</div> </div>
Purpose of Expenditure Wages		Category/ Type 001	
Name of Federal Candidate SCOTT M MURPHY		<input checked="" type="checkbox"/> Support <input type="checkbox"/> Oppose	Office Sought: <input checked="" type="checkbox"/> House District: 20 <input type="checkbox"/> President <input type="checkbox"/> Senate State: NY
Calendar Year-To-Date Per Election for Office Sought <div> <div></div> <div>4510.00</div> </div>		Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General 2009 <input checked="" type="checkbox"/> Other (specify) ► Special-General	

(a) <b>SUBTOTAL</b> of Itemized Independent Expenditures.....	▶	900.00
(b) <b>SUBTOTAL</b> of Unitemized Independent Expenditures .....	▶	
(c) <b>TOTAL</b> Independent Expenditures.....	▶	

Signature

**SCHEDULE E (FEC Form 3X)**  
**ITEMIZED INDEPENDENT EXPENDITURES**

 PAGE 16 OF 20  
 FOR LINE 24 OF FORM 3X

NAME OF COMMITTEE (In Full) <b>NEW YORK STATE COMMITTEE OF THE WORKING FAMILIES PARTY</b>			<b>FEC IDENTIFICATION NUMBER ▼</b> <div style="border: 1px solid black; padding: 2px; display: inline-block;"> <b>C</b> C00350991       </div>		
Check if <input type="checkbox"/> 24-hour report <input type="checkbox"/> 48-hour report <input type="checkbox"/> New report <input type="checkbox"/> Amends report filed on					
Full Name of Payee <b>Prestige Employee Administrators</b>			Date of Public Distribution/Dissemination MM / DD / YYYY 03 / 30 / 2009		
Mailing Address 136 Woodbury Rd. Suite 201			Amount 9626.57		
City Woodbury		State NY	Zip Code 11797		Transaction ID : <b>SE.5261</b>
Purpose of Expenditure Wages		Category/Type 001		Date of Disbursement or Obligation MM / DD / YYYY 04 / 30 / 2009	
Name of Federal Candidate SCOTT M MURPHY			<input checked="" type="checkbox"/> Support <input type="checkbox"/> Oppose		Office Sought: <input checked="" type="checkbox"/> House    District: 20 <input type="checkbox"/> President <input type="checkbox"/> Senate    State: NY
Calendar Year-To-Date Per Election for Office Sought			41639.88		Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input checked="" type="checkbox"/> Other (specify) ► Special-General
Full Name of Payee <b>REM Printing, Inc.</b>			Date of Public Distribution/Dissemination MM / DD / YYYY 03 / 30 / 2009		
Mailing Address 55 Railroad Avenue			Amount 2376.00		
City Albany		State NY	Zip Code 12205		Transaction ID : <b>SE.4268</b>
Purpose of Expenditure GOTV Canvass-Campaign Materials		Category/Type 006		Date of Disbursement or Obligation MM / DD / YYYY 04 / 30 / 2009	
Name of Federal Candidate SCOTT M MURPHY			<input checked="" type="checkbox"/> Support <input type="checkbox"/> Oppose		Office Sought: <input checked="" type="checkbox"/> House    District: 20 <input type="checkbox"/> President <input type="checkbox"/> Senate    State: NY
Calendar Year-To-Date Per Election for Office Sought			32013.31		Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input checked="" type="checkbox"/> Other (specify) ► Special-General
(a) <b>SUBTOTAL</b> of Itemized Independent Expenditures.....			12002.57		
(b) <b>SUBTOTAL</b> of Unitemized Independent Expenditures .....					
(c) <b>TOTAL</b> Independent Expenditures.....					
Under penalty of perjury I certify that the independent expenditures reported herein were not made in cooperation, consultation, or concert with, or at the request or suggestion of, any candidate or authorized committee or agent of either, or (if the reporting entity is not a political party committee) any political party committee or its agent.					
Signature <u>Dorothy E. Siegel</u>			[Electronically Filed]		Date MM / DD / YYYY 05 / 27 / 2015



**SCHEDULE E (FEC Form 3X)**  
**ITEMIZED INDEPENDENT EXPENDITURES**

 PAGE 17 OF 20  
 FOR LINE 24 OF FORM 3X

NAME OF COMMITTEE (In Full) <b>NEW YORK STATE COMMITTEE OF THE WORKING FAMILIES PARTY</b>			FEC IDENTIFICATION NUMBER ▼ <b>C</b> C00350991		
Check if <input type="checkbox"/> 24-hour report <input type="checkbox"/> 48-hour report <input type="checkbox"/> New report <input type="checkbox"/> Amends report filed on <span style="border: 1px solid black; padding: 2px;">MM</span> / <span style="border: 1px solid black; padding: 2px;">DD</span> / <span style="border: 1px solid black; padding: 2px;">YYYYYY</span>					
Full Name of Payee <b>Ursula Rozum</b>			Date of Public Distribution/Dissemination <span style="border: 1px solid black; padding: 2px;">MM</span> / <span style="border: 1px solid black; padding: 2px;">DD</span> / <span style="border: 1px solid black; padding: 2px;">YYYYYY</span> <b>03 / 30 / 2009</b>		
Mailing Address <b>208 Boyden Street</b>			Amount <span style="border: 1px solid black; padding: 2px;">600.00</span>		
City <b>Syracuse</b>	State <b>NY</b>	Zip Code <b>13203</b>	Transaction ID : <b>SE.5263</b>		
Purpose of Expenditure Wages		Category/Type <span style="border: 1px solid black; padding: 2px;">001</span>	Date of Disbursement or Obligation <span style="border: 1px solid black; padding: 2px;">MM</span> / <span style="border: 1px solid black; padding: 2px;">DD</span> / <span style="border: 1px solid black; padding: 2px;">YYYYYY</span> <b>04 / 02 / 2009</b>		
Name of Federal Candidate <b>SCOTT M MURPHY</b>			<input checked="" type="checkbox"/> Support    Office Sought: <input checked="" type="checkbox"/> House    District: <u>20</u> <input type="checkbox"/> Oppose <input type="checkbox"/> President <input type="checkbox"/> Senate    State: <u>NY</u>		
Calendar Year-To-Date Per Election for Office Sought <span style="border: 1px solid black; padding: 2px;">5110.00</span>			Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General 2009 <input checked="" type="checkbox"/> Other (specify) ▶ <u>Special-General</u>		
Full Name of Payee <b>Katlind Scholis</b>			Date of Public Distribution/Dissemination <span style="border: 1px solid black; padding: 2px;">MM</span> / <span style="border: 1px solid black; padding: 2px;">DD</span> / <span style="border: 1px solid black; padding: 2px;">YYYYYY</span> <b>03 / 30 / 2009</b>		
Mailing Address <b>2 Nevins Street</b>			Amount <span style="border: 1px solid black; padding: 2px;">600.00</span>		
City <b>Brooklyn</b>	State <b>NY</b>	Zip Code <b>11217</b>	Transaction ID : <b>SE.5264</b>		
Purpose of Expenditure Wages		Category/Type <span style="border: 1px solid black; padding: 2px;">001</span>	Date of Disbursement or Obligation <span style="border: 1px solid black; padding: 2px;">MM</span> / <span style="border: 1px solid black; padding: 2px;">DD</span> / <span style="border: 1px solid black; padding: 2px;">YYYYYY</span> <b>04 / 02 / 2009</b>		
Name of Federal Candidate <b>SCOTT M MURPHY</b>			<input checked="" type="checkbox"/> Support    Office Sought: <input checked="" type="checkbox"/> House    District: <u>20</u> <input type="checkbox"/> Oppose <input type="checkbox"/> President <input type="checkbox"/> Senate    State: <u>NY</u>		
Calendar Year-To-Date Per Election for Office Sought <span style="border: 1px solid black; padding: 2px;">5710.00</span>			Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General 2009 <input checked="" type="checkbox"/> Other (specify) ▶ <u>Special-General</u>		
(a) <b>SUBTOTAL</b> of Itemized Independent Expenditures..... ▶			<span style="border: 1px solid black; padding: 2px;">1200.00</span>		
(b) <b>SUBTOTAL</b> of Unitemized Independent Expenditures ..... ▶			<span style="border: 1px solid black; padding: 2px;"></span>		
(c) <b>TOTAL</b> Independent Expenditures..... ▶			<span style="border: 1px solid black; padding: 2px;"></span>		
Under penalty of perjury I certify that the independent expenditures reported herein were not made in cooperation, consultation, or concert with, or at the request or suggestion of, any candidate or authorized committee or agent of either, or (if the reporting entity is not a political party committee) any political party committee or its agent.					
Signature <u>Dorothy E. Siegel</u> <div style="text-align: right;">[Electronically Filed]</div>			Date <span style="border: 1px solid black; padding: 2px;">MM</span> / <span style="border: 1px solid black; padding: 2px;">DD</span> / <span style="border: 1px solid black; padding: 2px;">YYYYYY</span> <b>05 / 27 / 2015</b>		

**SCHEDULE E (FEC Form 3X)**  
**ITEMIZED INDEPENDENT EXPENDITURES**

 PAGE 18 OF 20  
 FOR LINE 24 OF FORM 3X

NAME OF COMMITTEE (In Full) <b>NEW YORK STATE COMMITTEE OF THE WORKING FAMILIES PARTY</b>		FEC IDENTIFICATION NUMBER ▼ <b>C</b> C00350991
Check if <input type="checkbox"/> 24-hour report <input type="checkbox"/> 48-hour report <input type="checkbox"/> New report <input type="checkbox"/> Amends report filed on		MM / DD / YYYY

Full Name of Payee <b>Aaron Shapiro</b>		Date of Public Distribution/Dissemination MM / DD / YYYY 03 / 30 / 2009
Mailing Address 60 Turner Place		Amount 500.00
City Brooklyn	State NY	Zip Code 11218
Purpose of Expenditure Wages	Category/Type 001	Transaction ID : SE.5265 Date of Disbursement or Obligation MM / DD / YYYY 04 / 02 / 2009
Name of Federal Candidate SCOTT M MURPHY		<input checked="" type="checkbox"/> Support <input type="checkbox"/> Oppose Office Sought: <input checked="" type="checkbox"/> House District: 20 <input type="checkbox"/> President <input type="checkbox"/> Senate State: NY
Calendar Year-To-Date Per Election for Office Sought 6210.00		Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input checked="" type="checkbox"/> Other (specify) ▶ Special-General

Full Name of Payee <b>Chris Smith</b>		Date of Public Distribution/Dissemination MM / DD / YYYY 03 / 30 / 2009
Mailing Address 213 E. Seneca Street		Amount 600.00
City Sherrill	State NY	Zip Code 13461
Purpose of Expenditure Wages	Category/Type 001	Transaction ID : SE.5266 Date of Disbursement or Obligation MM / DD / YYYY 04 / 02 / 2009
Name of Federal Candidate SCOTT M MURPHY		<input checked="" type="checkbox"/> Support <input type="checkbox"/> Oppose Office Sought: <input checked="" type="checkbox"/> House District: 20 <input type="checkbox"/> President <input type="checkbox"/> Senate State: NY
Calendar Year-To-Date Per Election for Office Sought 6810.00		Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input checked="" type="checkbox"/> Other (specify) ▶ Special-General

(a) SUBTOTAL of Itemized Independent Expenditures..... ▶	1100.00
(b) SUBTOTAL of Unitemized Independent Expenditures ..... ▶	
(c) TOTAL Independent Expenditures..... ▶	

Under penalty of perjury I certify that the independent expenditures reported herein were not made in cooperation, consultation, or concert with, or at the request or suggestion of, any candidate or authorized committee or agent of either, or (if the reporting entity is not a political party committee) any political party committee or its agent.

Dorothy E. Siegel

[Electronically Filed]

Date

MM / DD / YYYY  
05 / 27 / 2015

Signature

**SCHEDULE E (FEC Form 3X)**  
**ITEMIZED INDEPENDENT EXPENDITURES**PAGE 19 OF 20  
FOR LINE 24 OF FORM 3X

NAME OF COMMITTEE (In Full) <b>NEW YORK STATE COMMITTEE OF THE WORKING FAMILIES PARTY</b>			FEC IDENTIFICATION NUMBER ▼ <b>C</b> C00350991	
Check if <input type="checkbox"/> 24-hour report <input type="checkbox"/> 48-hour report <input type="checkbox"/> New report <input type="checkbox"/> Amends report filed on <span style="border:1px solid black; padding:2px;">MM</span> / <span style="border:1px solid black; padding:2px;">DD</span> / <span style="border:1px solid black; padding:2px;">YYYYYY</span>				
Full Name of Payee <b>Mark Stumer</b>			Date of Public Distribution/Dissemination <span style="border:1px solid black; padding:2px;">MM</span> / <span style="border:1px solid black; padding:2px;">DD</span> / <span style="border:1px solid black; padding:2px;">YYYYYY</span> <b>03 / 30 / 2009</b>	
Mailing Address <b>2 Nevins Street</b>			Amount <span style="border:1px solid black; padding:2px;">300.00</span>	
City <b>Brooklyn</b>	State <b>NY</b>	Zip Code <b>11217</b>	Transaction ID : <b>SE.5267</b>	
Purpose of Expenditure <b>Wages</b>		Category/Type <span style="border:1px solid black; padding:2px;">001</span>	Date of Disbursement or Obligation <span style="border:1px solid black; padding:2px;">MM</span> / <span style="border:1px solid black; padding:2px;">DD</span> / <span style="border:1px solid black; padding:2px;">YYYYYY</span> <b>04 / 02 / 2009</b>	
Name of Federal Candidate <b>SCOTT M MURPHY</b>			Office Sought: <input checked="" type="checkbox"/> House District: <b>20</b> <input type="checkbox"/> President <input type="checkbox"/> Senate State: <b>NY</b>	
Calendar Year-To-Date Per Election for Office Sought <span style="border:1px solid black; padding:2px;">7110.00</span>			Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General 2009 <input checked="" type="checkbox"/> Other (specify) ▶ <b>Special-General</b>	
Full Name of Payee <b>Riley Timlin</b>			Date of Public Distribution/Dissemination <span style="border:1px solid black; padding:2px;">MM</span> / <span style="border:1px solid black; padding:2px;">DD</span> / <span style="border:1px solid black; padding:2px;">YYYYYY</span> <b>03 / 30 / 2009</b>	
Mailing Address <b>838 riverside drive #10</b>			Amount <span style="border:1px solid black; padding:2px;">480.00</span>	
City <b>New York</b>	State <b>NY</b>	Zip Code <b>10032</b>	Transaction ID : <b>SE.5268</b>	
Purpose of Expenditure <b>Wages</b>		Category/Type <span style="border:1px solid black; padding:2px;">001</span>	Date of Disbursement or Obligation <span style="border:1px solid black; padding:2px;">MM</span> / <span style="border:1px solid black; padding:2px;">DD</span> / <span style="border:1px solid black; padding:2px;">YYYYYY</span> <b>04 / 02 / 2009</b>	
Name of Federal Candidate <b>SCOTT M MURPHY</b>			Office Sought: <input checked="" type="checkbox"/> House District: <b>20</b> <input type="checkbox"/> President <input type="checkbox"/> Senate State: <b>NY</b>	
Calendar Year-To-Date Per Election for Office Sought <span style="border:1px solid black; padding:2px;">7590.00</span>			Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General 2009 <input checked="" type="checkbox"/> Other (specify) ▶ <b>Special-General</b>	
(a) SUBTOTAL of Itemized Independent Expenditures..... ▶			<span style="border:1px solid black; padding:2px;">780.00</span>	
(b) SUBTOTAL of Unitemized Independent Expenditures ..... ▶			<span style="border:1px solid black; padding:2px;"></span>	
(c) TOTAL Independent Expenditures..... ▶			<span style="border:1px solid black; padding:2px;"></span>	
Under penalty of perjury I certify that the independent expenditures reported herein were not made in cooperation, consultation, or concert with, or at the request or suggestion of, any candidate or authorized committee or agent of either, or (if the reporting entity is not a political party committee) any political party committee or its agent.				
Signature  <i>Dorothy E. Siegel</i>			Date <span style="border:1px solid black; padding:2px;">MM</span> / <span style="border:1px solid black; padding:2px;">DD</span> / <span style="border:1px solid black; padding:2px;">YYYYYY</span> <b>05 / 27 / 2015</b>	
[Electronically Filed]				

**SCHEDULE E (FEC Form 3X)**  
**ITEMIZED INDEPENDENT EXPENDITURES**PAGE 20 OF 20  
FOR LINE 24 OF FORM 3X

NAME OF COMMITTEE (In Full) <b>NEW YORK STATE COMMITTEE OF THE WORKING FAMILIES PARTY</b>		FEC IDENTIFICATION NUMBER ▼ <b>C</b> C00350991
Check if <input type="checkbox"/> 24-hour report <input type="checkbox"/> 48-hour report <input type="checkbox"/> New report <input type="checkbox"/> Amends report filed on		MM / DD / YYYY

Full Name of Payee <b>Riley Timlin</b>		Date of Public Distribution/Dissemination MM / DD / YYYY <b>03 / 30 / 2009</b>
Mailing Address <b>838 riverside drive #10</b>		Amount <b>81.00</b>
City <b>New York</b>	State <b>NY</b>	Zip Code <b>10032</b>
Purpose of Expenditure <b>Wages</b>	Category/Type <b>001</b>	Transaction ID : <b>SE.5269</b> Date of Disbursement or Obligation MM / DD / YYYY <b>04 / 21 / 2009</b>
Name of Federal Candidate <b>SCOTT M MURPHY</b>		<input checked="" type="checkbox"/> Support <input type="checkbox"/> Oppose Office Sought: <input checked="" type="checkbox"/> House <input type="checkbox"/> Senate District: <b>20</b> <input type="checkbox"/> President State: <b>NY</b>
Calendar Year-To-Date Per Election for Office Sought <b>29637.31</b>		Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input checked="" type="checkbox"/> Other (specify) <b>Special-General</b>

Full Name of Payee		Date of Public Distribution/Dissemination MM / DD / YYYY
Mailing Address		Amount
City	State	Zip Code
Purpose of Expenditure	Category/Type	Date of Disbursement or Obligation MM / DD / YYYY
Name of Federal Candidate		<input type="checkbox"/> Support <input type="checkbox"/> Oppose Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate District: _____ <input type="checkbox"/> President State: _____
Calendar Year-To-Date Per Election for Office Sought		Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) _____

(a) SUBTOTAL of Itemized Independent Expenditures.....	<b>81.00</b>
(b) SUBTOTAL of Unitemized Independent Expenditures .....	
(c) TOTAL Independent Expenditures.....	<b>40939.88</b>

Under penalty of perjury I certify that the independent expenditures reported herein were not made in cooperation, consultation, or concert with, or at the request or suggestion of, any candidate or authorized committee or agent of either, or (if the reporting entity is not a political party committee) any political party committee or its agent.

*Dorothy E. Siegel**[Electronically Filed]*

Date

MM / DD / YYYY  
**05 / 27 / 2015**

Signature